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## PART B - FEE(S) TRANSMITTAL

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(703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for treasmitting the ISSUE FEE and FUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Uso Blook ) for any change of address) 27384 7590 06/15/2005 NORRIS, MCLAUGHLIN & MARCUS, PA Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service, with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **875 THIRD STREET** 18TH FLOOR NEW YORK, NY 10022 NANCI MANFREDI (Depositor's name 09/01/2005 TBESHAH2 00000002 141263 09966137 ince Mugher 01 FC:1501 1400.00 DA (August 31,/2005 Date 02 FC:1504 300.00 DA 03 FC:8001 APPLICATION NO. DE CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE BAYER 10,139.4-KGB 09/28/2001 Thomas Krahn 09/965.137 TITLE OF INVENTION: MASKING BACKGROUND FLUORESCENCE AND LUMINESCENCE IN OPTICAL ANALYSIS OF BIOMEDICAL ASSAYS DATE DUE **PUBLICATION FEE** TOTAL FEB(S) DUE APPLN. TYPE SMALL ENTITY ISSUE PEE 09/15/2005 \$1700 NO \$1400 5300 nonprovisional ART UNIT CLASSISURCI ASS **EXAMINER** 1641 436-164000 DO, PENSEE T Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list NORRIS MCLAUGHLIN & MARCU (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) streched. P.A. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent altorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE BAYER HEALTHCARE AG Leverkusen, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fce(s) L Issue Fee A check in the amount of the fee(s) is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fcc(s), or credit any overpayment, to Deposit Account Number 14.1263 (enclose an extra copy of this form). Advance Order - # of Copies \_ 5. Change In Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTIPY status. See \$7 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (at request) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. 8/31/05 Authorized Signature KURT G. RISCOE Registration No. <u>33,141</u> Typed or printed name This collection of information is required by \$7 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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